

EXHIBIT “A”

EQUINOX

10159 E 11th St. STE 502
Tulsa, OK 74128
RETURN SERVICE REQUESTED

Pay Online

www.equinoxcollectionservices.com

Reference: PAM1918155
Original Creditor: DR. ZZZ'S SLEEP CENTER, LLC
Account Number: 24987
Amount Due: \$ 850.00



319
MICHAEL HARGIS



Dear MICHAEL HARGIS:

09/21/2016
REFERENCE: PAM1918155

Please allow this letter to serve as an introduction to Equinox Collection Services, Inc. (ECS). ECS is currently servicing the above referenced obligation. As of 09/20/2016, the balance of \$850.00 is due. Payment arrangements may be negotiated to assist you as needed.

Payment Address:
Equinox Collection Services, Inc
10159 E 11th St. STE 500
Tulsa, OK 74128

Unless ECS is notified in writing within thirty (30) days after the receipt of this letter that you dispute this debt, or any portion thereof, ECS will assume this debt to be valid. If ECS is informed within the thirty (30) day period that his debt, or any portion thereof, is disputed, ECS will mail your verification of this debt or a copy of a judgment against you. Also, upon request within the thirty (30) day period, ECS will provide the name and address of the original creditor, if different from the current creditor. If an attorney in regard to this debt represents you, please refer this letter to your attorney for a response. Likewise, if you are in an active bankruptcy case, or this debt has been discharged in a bankruptcy case, please refer this letter to your bankruptcy attorney for a response.

To discuss this debt during 8 AM and 5 PM Central Time Monday through Friday, please call toll free (866) 843-3578. This communication is from a debt collector and is an attempt to collect a debt and any information obtained will be used for that purpose.

Sincerely,
Equinox Collection Services, Inc.

Phone: (800) 559-2938

Fax: (918) 307-0915

PAMCCFL

DETACH ALONG THIS LINE AND INCLUDE WITH YOUR PAYMENT

EQUINOX
COLLECTION SERVICES

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Total Due: \$ 850.00

Amount Enclosed: _____	
Method of Payment	
<input type="checkbox"/> Money Order <input type="checkbox"/> Bank Draft (Complete section below \$5.00 Fee) <input type="checkbox"/> Credit Card (Complete section below \$5.00 Fee)	
Bank Draft Information	
Routing #:	_____
Account #:	_____
Credit Card Information (Visa and MC only)	
Card #:	_____
Exp Date:	_____
Signature REQUIRED for both Draft and Credit Card	
Signature: _____	